# Mental Health Medication Advisory Committee Meeting Meeting Minutes, Open Session November 13, 2018 at 2:00 – 4:30 p.m.

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Open Session DXC Technology Capital Room 6511 Forbes Ave. Topeka, KS 6619

#### **Committee Members Present:**

DeAnn Jenkins, MD (Chair) Rebecca Klingler, MD Charles Millhuff, DO Taylor Porter, MD

#### **Committee Members Absent:**

Vishal Adma, MD, MS, CMQ, CPE Holly Cobb, ARNP Nicole Ellermeier, PharmD Bradley Grinage, MD Karen Moeller, PharmD, BCPP

#### **KDHE Staff Present:**

Greg Lakin, DO, Medicaid Medical Director, State Chief Health Officer, KDHE and DHCF Annette Grant, RPh, KDHE/DHCF Roxanne Chadwell, PharmD, CSP, KDHE/DHCF Margaret O'Donnell, Transcriptionist

### **MCO Representatives Present:**

Jennifer Murff, RPh – United Healthcare Lisa Todd, RPh, BBA – Amerigroup Angie Zhou, PharmD – Sunflower

#### **DXC/HID Staff Present:**

Karen Kluczykowski, RPh Kathy Kaesewurm, RN, BSN

## **Representatives:** Scott Brunner, Greg

Krause, Joseph Ebruer, Kim McBratney, Kim Glenn, Kelly Burns, Keith Wisdom, Eileen Shaw, Susan Welch, Katey Keefer, Aetna; Jeff Mussack, Rick Kegler, Otsuka; Roy Lindford, Sunovion; Bailey Hill, Ashley Foster, Jill Donaldson, Russell Nittle, KDHE; Lily Staab, Cerner.

\*Illegible names on sign-in sheet were not included.

|   | DISCUSSION   |
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| I. Call to Order  | Call to Order:   |
| A. Introduction   | Dr. Jenkins called the meeting to order at 2:15 p.m. (Quorum not met)  |
| B. Announcements  | Announcements: None.   |
| II. Old Business  | This agenda item was tabled until the February 12, 2019 meeting, due to not having quorum.   |
| A. Review and approval of<br>August 14, 2018 Meeting<br>Minutes |  |
| B. Prior Authorization  | Clinical Public Comment:   |
| Criteria  | No requests were received.   |
| 1. Antipsychotic Medications – Safe Use                         | Background:  |
| for All Ages  | Additional data review of patients over 65 yrs. old who are not in the LTC setting.  |
|   | Committee Discussion:  |
|   | As requested by the DUR Board, the data results on patients over 65 yrs. old, with dementia, taking an antipsychotic, but not in the LTC setting are to be evaluated. This will be brought back in February to decide if there is a need for any additional PA criteria. |
| B. Prior Authorization  | Clinical Public Comment:   |
| Criteria  | No requests were received.   |
| 2. Antidepressant Medications – Safe Use                        | Background:  |
| for All Ages  | Evaluation of data regarding previously removed drugs, Mirtazapine and Trazadone.  |
|   |  |

|                                | Committee Discussion:  It was discussed that when adding Mirtazapine or Trazadone to the PA criteria when they are not used as sleeping aids, created an operational issue. The only way to know if they are being used as a sleep is when the PA edit hits and the PA form is filled out. The State pulled data on the number of patients on two or more antidepressants, while taking Mirtazapine or Trazadone. This information will be shared with the Committee to decide whether to add Mirtazapine and Trazadone back into the PA criteria.   |  |  |  |
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| 3. Review of the Kansas        | Clinical Public Comment:   |  |  |  |
| version of the Texas           | No requests were received.   |  |  |  |
| <b>Guidelines for</b>          |  |  |  |  |
| <b>Psychotropic Medication</b> | Background:  |  |  |  |
| Utilization Review             | Dr. Jenkins discussed the concern at a federal level that states need to develop some sort of oversight, particularly in regard to second generation psychotropic medication for children in the Medicaid population. According to a report by Dr. Becci Akin, Associate Professor from KU School of Social Welfare. One-years' worth of data on prescribing patterns in Kansas showed that the state was consistent with other states in prescribing three times more psychotropic medications for children in foster care. The outcome of the report showed a need for disseminating information about treatment and a strategy for monitoring medication guidelines for the use of psychotropic medication in children. |  |  |  |
|                                | Committee Discussion:  |  |  |  |
|                                | There was discussion about a needed resource for prescribers, such as one source of guidance/guideline for all Medicaid patients. This could be posted to the Medicaid Pharmacy web site but needs to be updated on a regular basis. Important aspects of this are how and when will this document be used, posted and updated; will all sections of the document be used, posted and updated; and who will use, post and update this document. There was discussion that there isn't a PA for multiple mental health medications and therefore, not a way to catch when a child is on too many psychotropics, although each drug may be within the parameters.  |  |  |  |
| General Discussion             | The State brought up PAs concerns at the psychiatric residential treatment facilities (PRTFs). The State was told at a PRTF stakeholders meeting, that at least 90% of the PRTF patients are on Medicaid. Some reasons for the multiple or varied PA scenarios: (A) If a patient would be admitted on primary insurance, where a PA might be required; (B) If the patient is on both primary and secondary insurance, where Medicaid isn't the primary payer; (C) If the patient is not on Medicaid upon admittance but, is discharged as Medicaid eligible.   |  |  |  |

| General Discussion<br>(Continued) | There was discussion that not all prescribing is within the safety boundaries set by this committee. Additionally, transition of care issues can arise if the inpatient provider and discharge provider are different. Blanket exempt status for board certified psychiatrists will eventually not exist and transitioning from that process was discussed. There was discussion about pulling data and those prescribers who are prescribing outside the standards not having the same status as those who are staying within safety parameters. |  |
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|                                   | There was discussion about facilitating State-wide education to providers and that in order to be effective for patient safety, the information needs to be delivered in a way that is well received. Continuing education opportunities for the providers could be a possible option to improve provider prescribing of mental health medications.   |  |
| IV. Open Public Comment           | Clinical Public Comment:  |  |
|                                   | None.   |  |
| V. Adjourn                        | Committee Discussion: Dr. Klingler moved to adjourn. Dr. Millhuff seconded the motion. Dr. Jenkins adjourned the November 13, 2018 MHMAC meeting at 4:26 p.m.   |  |

All approved PA Criteria are posted to the KDHE website:

http://www.kdheks.gov/hcf/pharmacy/pa criteria.htm